

DEPARTMENT OF HEALTH - WASTEWATER BRANCH
INDIVIDUAL WASTEWATER SYSTEM (IWS)
APPLICATION INFORMATION SHEET
Please Print or Type

Engineer: _____

Owner: _____

Owner's Mailing Address: _____

Project Location: _____

(Street Address, Subdivision Name and General Area):

Project Tax Map Key (TMK) Number: (____) ____ - ____ - ____ : _____

Lot Size: _____

Projected Flow (gallons per day) or Number of Bedrooms: _____

Proposed Treatment Unit (Manufacturer, Model, Design Capacity):

Proposed Disposal System: _____

Design Percolation Rate: _____ min/in

Existing IWS on lot: NO YES Type: _____

Existing potable drinking water well within 1,000 ft of the proposed disposal system? NO YES

Existing structure on lot: NO YES Type: _____

LCC upgrade? NO YES

FOR DEPARTMENT USE ONLY:

Date Received: _____ Project Engineer: _____ File No. _____

Filing Fee (\$100 _____ \$25 _____) Check Date: _____ Check No. _____

Notes: _____